12/02/2008 08:23

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines	
1 .	PIEDMONT TRIAD ANESTI	HESIA P A FEDERAL PAC	
			1
		ı 145 KIMEL PARK DRIVE SUITE 120	
AD	DRESS (number and street)	143 KIMILET ALIK BITIVE 30112 120]
Г	Check if different		
L	than previously reported. (ACC)	WINSTON-SALEM NC 27103	
2.	FEC IDENTIFICATION NUM	MBER ♥ CITY♠ STATE♠ ZIPCODE♠	_
	C00435651	3. IS THIS REPORT X NEW (N) OR (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only))
	(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)	<u>?</u>)
	April 15	Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)	
	Quarterly Report(Q	(c) 12-Day Primary (12P) General (12G) Runoff (12R))
	Quarterly Report(Q	PRE-Election Report for the: Convention (12C) Special (12G)	
	October 15 Quarterly Report(Q		
	January 31 Quarterly Report(Y	E) Election on I I I I I I I I I I I I I I I I I	
	July 31 Mid-Year Report(Non-electio		_
	Year Only) (MY) Termination Report	Post -Election X General (30G) Runoff (30R) Special (30S) Report for the:)
	(TER)	Election on 1 1 0 4 2 0 0 8 in the State of	
5.	Covering Period 1 0	1 6 2 0 0 8 through 1 1 2 4 2 0 0 8	
l ce	ertify that I have examined this I	Report and to the best of my knowledge and belief it is true, correct and complete.	_
Тур	be or Print Name of Treasurer	Mr. Theodore C. Fyock	_
Sig	nature of Treasurer Electro	nically Filed by Mr. Theodore C. Fyock Date 12 02 2008	
NO	TE : Submission of false, erro	neous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.	_
	Office Use Only	FEC FORM 3X (Rev. 12/2004)	-

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC D " D 24 1.0 16 2008 1,1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 26273.05 January 1 (b) Cash on Hand at 39698.05 Begining of Reporting Period 3400.00 34000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 43098.05 60273.05 6(a) and 6(c) for Column B) 4000.00 21175.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 39098.05 39098.05 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees	3400.00	34000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3400.00	34000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3400.00	34000.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d),	3400.00	34000.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

21. Operating Expenditures:
(a) Shared Federal/Non-Federal
Activity (from Schedule H4)

of Disbursements Page 4 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share.....

(I) Federal Snare		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	075.00
Expenditures	0.00	675.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	675.00
22. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	0.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
20. Loan riopayments wade		
27. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	4000.00	16500.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4000.00	21175.00
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	4000.00	21175.00
from Line 31)	+000.00	21175.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	3400.00	34000.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3400.00	34000.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	675.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	675.00

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA	nd Statements may not be sold or used by any per the name and address of any political committee	
Full Name (Last, First, Middle Initial) Dr. Terrence Almengual Mailing Address 4248 Saddlewood City Winston-Salem		Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiologist Aggregate Year-to-Date 2000.00	\$200.00 \$200.00/monthly
Full Name (Last, First, Middle Initial) Dr. Vincent Castellano, III Mailing Address 8475 Lismore Street	et State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Clemmons FEC ID number of contributing federal political committee.	NC 27012	Amount of Each Receipt this Period 200.00 \$200.00/monthly
Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼	Anesthesiologist Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. David Colonna Mailing Address 387 Cedar Trails		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City Winston-Salem	State Zip Code NC 27104	Transaction ID: SA11AI.4278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia,	Occupation	200.00 \$200.00/monthly
Piedmont Triad Anesthesia, P.A Receipt For: Primary General Other (specify) ▼	Anesthesiologist Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (options	(ls	600.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for	commercial purposes, other than using the AME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
P	IEDMONT TRIAD ANESTHESIA P A	A FEDERAL	PAC	
. <u>Dr</u>	Ill Name (Last, First, Middle Initial) . Kumar Dongre			Date of Receipt
Mi	ailing Address 150 Shamrock Trail			10 31 2008
Ci		State	Zip Code	Transaction ID: SA11AI.4279
	ewisville EC ID number of contributing	NC	27023	Amount of Each Receipt this Period
	deral political committee.	C		200.00
Na Pi P.	ame of Employer edmont Triad Anesthesia, A	Occupation Anesthes		\$200.00/monthly
Re	eceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	ıll Name (Last, First, Middle Initial) . Paolo Flezzani			Date of Receipt
Ma	ailing Address 3270 Beroth Road			10 31 YYYY 10 31 2008
Ci		State	Zip Code	Transaction ID: SA11AI.4280
_	fafftown	NC	27040	Amount of Each Receipt this Period
fee	EC ID number of contributing deral political committee.	C		\$200.00/monthly
Na Pi P.	ame of Employer edmont Triad Anesthesia,	Occupation Anesthes		φ200.00/monthly
	eceipt For:	1 '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	ıll Name (Last, First, Middle Initial) . Greg Hardie			Date of Receipt
Ma	ailing Address 1619 Appian Way			10 31 YYYY 10 31 2008
Ci		State	Zip Code	Transaction ID: SA11AI.4281
	lemmons	NC	27012	Amount of Each Receipt this Period
fee	EC ID number of contributing deral political committee.	C		200.00 \$200.00/monthly
<u>P/</u>		Occupation Anesthes	siologist	Ψ200.00/monthly
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
CUD	TOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 12 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P	ne name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. George Hertz Mailing Address 4232 Lake Cliffe Driv City Clemmons FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Curtis Johnsrude Mailing Address 4416 Bent Tree Farm City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	Road State Zip Code NC 27106 C Occupation Anesthesiologist Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Daniel Kennedy Mailing Address 4255 Foxbury Court City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date 2000.00	Date of Receipt M M M 31 2008 Transaction ID: SA11AI.4284 Amount of Each Receipt this Period 200.00 \$200.00/monthly
SUBTOTAL of Receipts This Page (optional)		600.00

Piedmont Triad Anesthesia, P.A Receipt For: Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Agg Ceneral Agg Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City City Sta Winston-Salem C Care Occ Ane	ate Zip Code C 27104 upation esthesiologist regate Year-to-Date ▼ 2000.00	Date of Receipt Transaction ID: SA11AI.4285 Amount of Each Receipt this Period 200.00 \$200.00/monthly Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Frederick Alan Koontz Mailing Address 4246 Allistair Road City State Winston-Salem Note FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Agg Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City State Winston-Salem Note FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Agg Primary General Occ Ane City State Winston-Salem Note FEC ID number of contributing federal political committee. City State Winston-Salem Note Fec identification City State Agg Full Name (Last, First, Middle Initial) Dr. Joseph Middleton Full Name (Last, First, Middle Initial) Dr. Joseph Middleton Full Name (Last, First, Middle Initial) Dr. Joseph Middleton Full Name City State City State Agg City State Agg City State City State Agg City State City State Agg City State City Stat	ate Zip Code C 27104 upation sthesiologist regate Year-to-Date ▼ 2000.00	Transaction ID: SA11AI.4285 Amount of Each Receipt this Period 200.00 \$200.00/monthly Date of Receipt 1 0 3 1 2 0 0 8 Transaction ID: SA11AI.4286 Amount of Each Receipt this Period 200.00
A. Dr. Frederick Alan Koontz Mailing Address 4246 Allistair Road City State Winston-Salem Note FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Agg Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City State Winston-Salem Note FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Agg Cocc Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Agg Cocc Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Agg Cocc Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	upation sthesiologist regate Year-to-Date 2000.00 ate Zip Code	Transaction ID: SA11AI.4285 Amount of Each Receipt this Period 200.00 \$200.00/monthly Date of Receipt 1 0 3 1 2 0 0 8 Transaction ID: SA11AI.4286 Amount of Each Receipt this Period 200.00
City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	upation sthesiologist regate Year-to-Date 2000.00 ate Zip Code	1 0 3 1 2 0 0 8
Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City State Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	upation sthesiologist regate Year-to-Date 2000.00 ate Zip Code	Amount of Each Receipt this Period 200.00 \$200.00/monthly Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City State Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	upation esthesiologist regate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City Sta Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	sthesiologist regate Year-to-Date ▼ 2000.00 ate Zip Code	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
P.A Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	sthesiologist regate Year-to-Date ▼ 2000.00 ate Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City State Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	regate Year-to-Date 2000.00 ate Zip Code	Transaction ID: SA11AI.4286 Amount of Each Receipt this Period 200.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City Standard Millhaven Lake Drive Agameter Standard Millhaven Lake Drive Full Name of Employer Piedmont Triad Anesthesia, Ane Ane PA Receipt For: Agg Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	2000.00 ate Zip Code	Transaction ID: SA11AI.4286 Amount of Each Receipt this Period 200.00
Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive City Sta Winston-Salem NC FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Agg Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	'	Transaction ID: SA11AI.4286 Amount of Each Receipt this Period 200.00
City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	'	Transaction ID: SA11AI.4286 Amount of Each Receipt this Period 200.00
Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	'	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	27106	200.00
federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton		
Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joseph Middleton		
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	upation esthesiologist	\$200.00/monthly
Other (specify) Full Name (Last, First, Middle Initial) Dr. Joseph Middleton	regate Year-to-Date ▼	
Dr. Joseph Middleton	2000.00	
Mailing Address 1901 Buena Vista Road		Date of Receipt
		10 31 2008
City	<u>'</u>	Transaction ID: SA11AI.4287
Winston-Salem No	C 27104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		200.00
Piedmont Triad´Anesthesia, PA Ane	upation esthesiologist	\$200.00/monthly
Receipt For: Agg Primary General	regate Year-to-Date ▼	
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 12 (check only one) X
ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P	he name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			
Dr. Suresh Penkar Mailing Address 4206 Garden Spring	Road		Date of Receipt 1 0 3 1 2 0 0 8
City Clemmons	State NC	Zip Code 27012	Transaction ID: SA11AI.4288 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼	Occupation Anesthes Aggregate		\$200.00/monthly
Full Name (Last, First, Middle Initial) Dr. Michael Scannell Mailing Address 2185 Knight Road			Date of Receipt 1 0 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4289
Kernersville	NC	27284	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthes		\$200.00/monthly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00]
Full Name (Last, First, Middle Initial) Dr. Benzion Schkolne			Date of Receipt
Mailing Address 300 Beechcliff Court			10 31 7 2008
City Winston-Salem	State NC	Zip Code 27104	Transaction ID: SA11AI.4290 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthes	iologist	\$200.00/monthly
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)			600.00

A.

PAGE 11/12 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC Full Name (Last, First, Middle Initial) Date of Receipt Dr. Ronald Waterer Mailing Address 689 Lichfield Drive 3 1 2008 10 City State Zip Code Transaction ID: SA11AI.4291 Winston-Salem NC 27104 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. \$200.00/monthly Name of Employer Piedmont Triad Anesthesia, Occupation Anesthesiologist PA Receipt For: Aggregate Year-to-Date General Primary 2000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. Daniel Winters Date of Receipt Mailing Address 4180 Dimholt Court 31 2008 City State Zip Code Transaction ID: SA11AI.4292 Winston-Salem NC 27104 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. \$200.00/monthly Name of Employer Piedmont Triad Anesthesia, Occupation Anesthesiologist PA Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00

		400.00
SUBTOTAL of Receipts This Page (optional)	•	400.00
TOTAL This Period (last page this line number only)	•	3400.00

Other (specify)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check online) 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na	, , , ,	· ·
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A F	EDERAL PAC	
Full Name (Last, First, Middle Initial) BRUNSTETTER FOR NC SENATE Mailing Address 2521 BITTING ROAD		Transaction ID: SB29.4273 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
City WINSTON-SALEM Purpose of Disbursement	State Zip Code NC 27104	Amount of Each Disbursement this Period 4000.00
CONTRIBUTION Candidate Name BRUNSTETTER FOR NC SENATE	011 Category/ Type	
Office Sought: House Disbur X Senate President State: NC District:	sement For: 2008 Primary X General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	4000.00
TOTAL This Period (last page this line number only)	<u> </u>	4000.00